

Benefit Payment Request



Group Number:		Plan Name:	
Participant's Name: (Last, First, M.I.)		Date of Birth:	Social Security Number:
Participant's Address:			
City:		State:	Zip:
Date of Final Payroll Deduction:	Vesting Percent:	Date of Hire:	

A. REASON FOR BENEFIT PAYMENT

- ☐ Termination of Employment Effective Date: ____ / ____ / ____
- ☐ Retirement Effective Date: ____ / ____ / ____
- ☐ Permanent / Total Disability Effective Date: ____ / ____ / ____

Do you have any outstanding Loans?

☐ Yes ☐ No

Do you wish to default the remaining balance?

☐ Yes ☐ No

If no is selected entire payoff amount must accompany this request.

B. METHOD / AMOUNT OF PAYMENT (Please also complete **Withholding Authorization Form**.)

- ☐ 1. Lump sum cash payment of my vested account balance
- ☐ 2. Defer payment of my vested account balance (available if vested balance is greater than \$5,000.00)
- ☐ 3. Partial lump sum payment of \$_____, with the remainder of my vested account balance deferred

If option 1, 2 or 3 is selected, please skip to Section D

- ☐ 4. Direct Rollover of my entire vested account balance
- ☐ 5. Partial rollover of \$_____, with the remainder of my vested account balance as a lump sum cash payment
- ☐ 6. Annuity Purchase - include completed Benefit Estimate Form (if applicable)

Options available may vary according to your plan provisions.

C. DIRECT ROLLOVER (Complete this section if Option 4 or 5 is selected above.)

Select one of the following:

Rollover to: ☐ IRA ☐ Qualified Plan

Check payable to: _____

Account Number: _____

Mail check to: Financial Institution or Plan Name: _____

Address: _____

D. PARTICIPANT AUTHORIZATION

I hereby authorize that payment be made to me as indicated above. I have received the Special Tax Notice Regarding Plan Payments. I understand that if I elect not to rollover 100% of the taxable portion, there may be mandatory 20% Federal Income Tax withholding from the taxable portion of my distribution that I did not rollover. I also acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on page 2.

Participant's Signature

Date

E. PLAN ADMINISTRATOR OR REPRESENTATIVE AUTHORIZATION

(Required before submitting form to Hartford Life for processing.)

You are authorized to withdraw the amount necessary to pay the benefit as indicated above in accordance with the terms of the plan. I certify that the above data in regard to the participant is true and accurate to the best of my knowledge and that I have obtained any spousal waiver consent forms that may be required by ERISA and the Internal Revenue Code.

Plan Administrator's Signature

Date

Full Disclosure Statement

Arkansas

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Colorado

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

District of Columbia

"WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Indiana

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

Kentucky

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Louisiana

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Hampshire

"Any person who, with a purpose to injure, defraud or deceive any insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20."

New Jersey

"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

Ohio

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

Oklahoma

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."